



NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

BOARD MEMBERS:

JAVOID ANWAR, M.D., President

SOHAIL U. ANJUM, M.D., Vice President

DONALD H. BAEPLER, Ph.D., D.Sc., Secretary-Treasurer

MARLENE J. KIRCH

CHARLES N. HELD, M.D.

JEAN STOESS, M.A.

CINDY LAMERSON, M.D.

S. DANIEL McBRIDE, M.D.

BENJAMIN J. RODRIGUEZ, M.D.

VOLUME 32

WINTER 2006

From the Executive Director/Special Counsel

by Drennan A. Clark, J.D.

The recently-concluded session of the Nevada State Legislature resulted in several major statutory changes which affect the state's medical licensees.

First, the Legislature has required that all applicants for medical licensure provide a set of fingerprints to the Board for a criminal background investigation. This requirement became effective on July 1, 2005, and is currently being implemented. However, the Board has determined not to let the long delay that could result from waiting for the FBI report to affect licensure. When all of the materials necessary for licensure have been submitted to the Board, the Board will determine whether to grant the applicant a license. If a license is granted and an FBI report later comes back with negative information, the Board will act on that information. An additional requirement is for fingerprinting and a criminal background investigation for all

existing licensees against whom a formal disciplinary complaint is filed. These fingerprintings and background investigations will be at Board expense, unless the complaint results in discipline to the licensee. In that event, the costs will be charged back to the licensee. Other than new applicants and licensees against whom a formal disciplinary complaint has been filed, no other licensees need to be fingerprinted or subjected to a background investigation.

Second, the Legislature has required both the Medical Board and the Osteopathic Board to secure information from each of their licensees regarding in-office surgeries in which conscious sedation, deep sedation or general anesthesia is used, or which result in a sentinel event. The two boards collaborated to create a joint form, which was sent to all licensees. Failure to respond to the form inquiry can result in discipline. A

negative reply is required, i.e., "I don't do any in-office surgical procedures." These forms were sent out to all licensees. See page 3 for the regulation adopted by the Board of Medical Examiners pursuant to the legislative mandate.

Third, the Legislature has granted the Board the authority to grant unrestricted medical licenses to applicants who intend to practice only administrative medicine, and will not engage in any clinical practice in Nevada. Previously, the Board could only grant such practitioners a restricted license.

The Board is working on implementing an online license renewal capability. This will allow licensees to renew their licenses and to pay the renewal fees online. This program will be available for the next renewal for physicians and physician assistants.

INSIDE THIS ISSUE

Licensing Division	2
Newest Board Members	3
New Regulations	3
Amendment to DEA Regulations	3
Notices	4
Physician Assistant Advisory Committee Article	5
Nevada Health Professionals Assistance Foundation Article	6
Election of Board Officers and Appointment of Committees	7
Board Actions	8

Licensing Division

Attention All Licensed Foreign Medical Doctors, Physician Assistants and Respiratory Therapists

by Elizabeth J. Pawlikowski, License Specialist

Effective April 1, 2006, the Nevada State Board of Medical Examiners will no longer send letters to foreign licensees reminding them of the expiration of their licenses due to the expiration of their employment authorization card, conditional resident alien card or visa issued by the Department of Homeland Security, Immigration and Naturalization Services.

Please be advised that pursuant to Nevada Revised Statutes, you are required to submit to the Board office proof that you are a citizen of the United States or are lawfully entitled to remain and work in the United States. Per **NAC 630.170: Termination of license issued to alien.** ([NRS 630.130](#)): A license issued to an alien automatically terminates if he loses his entitlement to remain and work in the United States.

Should you fail to submit to the Board office a copy of the extension of your current employment authorization card, conditional resident alien card or visa, it will result in your licensure status being changed to ACTIVE-NOT WORKING. **PLEASE BE ADVISED THAT YOU CANNOT PRACTICE AS A MEDICAL DOCTOR, PHYSICIAN ASSISTANT OR RESPIRATORY THERAPIST IN THE STATE OF NEVADA WITH THIS LICENSURE STATUS.** Your licensure status will not be changed back to ACTIVE STATUS until such time as you submit to the Board office a copy of the extension of your employment authorization card, conditional resident alien card or visa, which must then be verified with the Department of Homeland Security, Immigration and Naturalization Services for authenticity. Please be aware that it may take up to 30 days for the verification to be received in the Board office. **No exceptions will be made to this policy.**

ATTENTION ALL PRACTITIONERS OF RESPIRATORY CARE!

Respiratory Care Biennial Registration Renewal Period Ended March 1, 2006.

The second biennial registration period for practitioners of respiratory care ended March 1, 2006. The practitioners were required to complete between 5 and 20 continuing education units of AARC or Board-approved CEU, depending upon when initial licensure was granted, and prior to the end of the biennial registration period.

Please be aware that if you have practiced after March 1, 2006, without first renewing your license, you are doing so as an illegal practitioner in this state

Newest Board Members

S. Daniel McBride, M.D., was appointed to the Nevada State Board of Medical Examiners on September 1, 2005. He holds a medical degree from Tufts University School of Medicine, and was Chief Resident of Surgery at the University of Nevada Affiliated Hospitals. He has practiced medicine in Nevada since 1981, and currently practices General Surgery in Las Vegas, Nevada. Dr. McBride currently serves as a member of one of the Board's two Investigative Committees.

Benjamin J. Rodriguez, M.D., was also appointed to the Nevada State Board of Medical Examiners on September 1, 2005. He holds a medical degree from the University of Nevada School of Medicine, he was Chief Resident of General Surgery at the Methodist Medical Center in Dallas, Texas, and completed a residency in Plastic and Reconstructive Surgery at the University of Missouri, in Kansas City. He has practiced medicine in Nevada since 1995, and currently practices Plastic Surgery in Las Vegas, Nevada. Dr. Rodriguez currently serves as a member of the Board's License Application and Malpractice Review Committee.

New Regulations

At its December 2005 quarterly meeting, the Nevada State Board of Medical Examiners adopted a new regulation relating to licensure here in the state of Nevada. The regulation makes an addition to the Nevada Administrative Code (NAC). Paragraph 5 of the regulation now reads:

"In accordance with statutory requirement, all physician licensees of this Board will report any in-office surgical procedures conducted by such licensees which use any form of anesthesia as

defined in NRS 630.____, to the Board on an annual basis, and not later than January 31, for each preceding year, on the form below. Failure to comply with this requirement may subject the licensee to discipline as provided by statute."

Any questions about this new regulation should be directed to the Board's Licensing Division or Legal Division.

Amendment to DEA Regulations

Information Provided by the U.S. Department of Justice,
Drug Enforcement Administration, Office of Diversion Control

The Drug Enforcement Administration (DEA) has finalized the Notice of Proposed Rulemaking published June 24, 2003 (68 FR 37429), titled "Authority for Practitioners to Dispense or Prescribe Approved Narcotic (Opioid) Controlled Substances for Maintenance or Detoxification Treatment." The DEA has amended its regulations to implement Title XXXV of the Children's Health Act of 2000 (P.L. 106-310), the Drug Addiction Treatment Act of 2000 (DATA). The final rule will be published in the *Federal Register*.

The regulations will permit qualifying physicians to offer treatment for narcotic addiction in a private practice setting without an additional DEA registration for a Narcotic

Treatment Program (NTP). The final rule will allow qualifying practitioners to dispense and prescribe Schedules III, IV and V narcotic (opioid) controlled substances approved by the Food and Drug Administration (FDA) specifically for maintenance or detoxification treatment. The only drug currently approved by the FDA for this purpose is buprenorphine.

The Final Rule will appear on the DEA Diversion Control Program website: <http://www.deadiversion.usdoj.gov>. It will appear under "Federal Register Notices>Notices>2004" and under "What's New."

NOTICES

The Nevada Legislature, during its 2005 session, passed a law requiring the Board of Medical Examiners to gather information from its licensees regarding in-office surgical procedures in which certain levels of sedation are used. The Board of Medical Examiners has adopted, by regulation, forms for such reporting. These forms have been sent to the Board's licensees, and can also be found on the Board's website, at www.medboard.nv.gov, under the "Licensing Forms: Application, Renewal, Address Change, and Other Forms" section. Response by January 31, 2006 is required by statute. This requirement applies to all surgical procedures performed in-office or in any other facility, EXCEPT at a medical facility as that term is defined in NRS 449.0151, i.e., a surgical center for ambulatory patients or a hospital, among many others, or surgeries performed outside the state of Nevada. Failure of a licensee to respond may result in the filing of a disciplinary complaint against the licensee. PLEASE BE ADVISED THAT THIS REPORTING WILL AGAIN BE REQUIRED IN JANUARY 2007 FOR PROCEDURES PERFORMED DURING THE YEAR 2006.

Effective July 1, 2005, a \$100.00 fine may be imposed upon those who violate NRS 630.254. Nevada Law, NRS 630.254, requires all licensees to notify the State Board of Medical Examiners of the change of location of his or her office in Nevada BEFORE practicing at the new location. Licensees are also required to notify the Board of closure of his or her office, and keep the Board apprised of the location of the medical records of his or her patients for a period of 5 years thereafter. Failure to report a change in office location before commencing practice, and failure to notify the Board within 14 days of closure of a physician's office, are violations of the Nevada Medical Practice Act, and may be cause for discipline. A change of address form can be downloaded from the Nevada State Board of Medical Examiners website, at www.medboard.nv.gov.

All physician licensees are required by Nevada law (NRS 630.3068) to report any malpractice action filed against the licensee within 45 days of service of process, and to further report any malpractice claim submitted to mediation or arbitration not later than 45 days of the submission to mediation or arbitration. Additionally, licensees must report to the Board any settlement, award, judgment or other disposition or any action or claim for malpractice not later than 45 days after the settlement, award, judgment or other disposition, and must report to the Board any sanctions imposed against the physician licensee which are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

Physician licensees must self-report these matters to the Board. They cannot rely on reports to the Board by insurance companies, hospitals or clinics.

Failure to make the required reports may result in discipline.

The Nevada State Board of Medical Examiners needs its physician licensees to volunteer to be peer reviewers, both in disciplinary cases and in licensure cases. Licensees can earn both CME credit and a payment for their time if they will volunteer to serve as a peer reviewer.

If you are interested in or willing to be a peer reviewer, please contact Pamela Castagnola at the Board office (775-688-2559, ext. 237). The Board thanks you in advance for your consideration of this request for professional assistance.

A Word from the Physician Assistant Advisory Committee of the Board

by John B. Lanzillotta, PA-C, Dan Hickey, P.A.-C, and Janet Wheble, P.A.-C, Physician Assistant Advisors

At the December 2nd NSBME meeting, the PA Advisory Committee was represented by Janet Wheble and John Lanzillotta, who requested the Board consider language for a possible statutory change regarding PAs acting or rendering care in natural disasters and declared emergencies. The Board had recommended at the September meeting that the Advisory Committee formulate language for the Board to review for consideration of adding this to the proposed legislative package for 2007 (See minutes of September 9, 2005 NSBME meeting).

Although we are required to take the 4-hour course on bioterrorism for licensure, we currently cannot legally act in these situations without our supervising physician's supervision. We requested the Board consider the language in the model guidelines of the American Academy of Physician Assistants regarding PAs acting in natural disasters and emergencies. (See: www.aapa.org/gandp/disasters.html.) This language defines three important aspects that are needed for PAs to render care in these situations: the requirements for physician supervision need to be modified during a disaster; requirements for a supervising physician need to be changed so that any available licensed physician can supervise a PA, and finally, Good Samaritan Immunity needs to be extended to PAs.

After some discussion, the Board thought a broader look at this request was needed, including the possibility of including other non-physician health care providers with PAs, as well as the potential need for legislation. There was no direct action taken concerning the language the Advisory Committee presented.

Currently Nevada is one of the states that do not legally authorize PAs to provide medical care in these situations without their supervising physician available. Our bordering states, California and Arizona, do have such laws.

PAs are unique in that we are dependent practitioners and practice only under the supervision of a physician; however, since we are initially trained in general medicine, most of us have been trained in assessing and making a diagnosis in acute medical situations. Having the 302 PAs in Nevada

legally available to provide emergency services in natural disasters and emergencies would certainly boost our state's medical response capability in a declared emergency.

We are licensed and regulated by the NSBME, and must follow the statutes and administrative code defining our profession and practice. Any request for consideration of amending or creating a statute for PAs to act in a declared disaster or emergency is not an indicator that we want or would accept independent practice. We embrace our dependent practice philosophically and ethically.

We have all learned in the last 4 years that our society is not immune to manmade or natural disasters. The experience of the Katrina disaster in the Gulf states is a painful example of how a delayed response and apparent confusion about jurisdiction and legal ability to act can not only hinder proper and rapid response, but can actually cause the number of casualties to increase exponentially.

There are a number of Physician Assistants in Nevada who are military trained and experienced; this would contribute an extraordinary resource of additional available medical professionals to the citizens of Nevada in time of critical emergency. Since most of these licensees would end up in the middle anyway, whether in their clinic, at a local hospital, or even in their neighborhood, we should take steps to authorize the help they surely will be ready, willing and able to provide.

As PAs, we are privileged to practice under the guidance and regulation of a very progressive and nationally respected medical Board. We are also eager to volunteer and serve the citizens of our state by providing emergency medical care in the event of a natural disaster or declared emergency. The PA Advisory Committee is committed and is available to work with the Board on any recommendations involving this issue.

Members of the PA Advisory Committee may be contacted through the Board offices at (888)- 890-8210 or the Reno number (775)-688-2559.

A Word from the Nevada Health Professionals Assistance Foundation

by Peter A. Mansky, M.D., Director

Physician Health Programs Help Stem the Tide of Suicide

Stats on Physician Suicide

Physicians have a higher rate of suicide than the general population. The suicide rate for physicians of both genders is equal but the rate for men in the general population is much greater than that for women. Consequently, male physicians have a rate about 50% greater than men in the general population and women physicians have a rate that is about two to four times the rate of women in the general population.

A Case of Physician Suicide

During my residency in Psychiatry at Massachusetts General Hospital in 1973 one of my fellow residents killed herself using injectable potassium chloride. The residency program at MGH had no guidelines for dealing with suicide in faculty or residents. Since the physician who killed herself suffered from major depression, residents were approached by attendings and the chief resident to see if they suffered from depression. At times the approach lacked empathy, and concern being perceived by many as an accusation of having depressive illness.

Role of Physician Health Programs (PHP)

The very next year, 1974, the AMA encouraged states to develop programs addressing impairment in physicians. But it was not until the 1990s that these programs matured into formal state physician health programs (PHPs) with a supporting national organization, The Federation of State Physician Health Programs. We are fortunate to have these programs as invaluable resources to help identify debilitating illnesses early, and to provide the interventions that can save lives. However, we still need to learn to better identify the candidates for services and to improve access to the appropriate resources.

Illnesses and Stress Related to Suicide

Major Depression and Substance Use Disorders are the illnesses most commonly associated with suicide. Although there are clear genetic components to these illnesses, it is well known that stress predisposes to illness, and that social support systems are able to mitigate the effect of stress. The long hours many physicians are required to work are stressful and also invade the time the physicians spend with family and friends who constitute their support system. Thus, physicians have high stress and decreased social support as the result of the long

working hours required in many practices. The increased threat of liability suits and decreased practice autonomy contribute additional stress. Thankfully, with the assistance of state PHPs, physicians can access social support systems – and formal peer support groups, individual therapy, collegial mentoring, and even job coaching.

Prevention of Suicide in Physicians

I have been privileged to be part of a multidisciplinary group of interested experts addressing suicide among physicians. The fields represented include medical education, medical boards and physician health programs, as well as insurance, credentialing and JCAHO. The experts have endeavored to approach prevention of suicide by increasing the recognition of depression and by decreasing the stigma and negative consequences of seeking treatment for it. Now that we have a resource through physician health programs like the NHPAF providing physicians with confidential services in each state, we need to overcome the barriers that prevent physicians from accessing these services.

To improve recognition of depression, we need to increase education about the illness at all levels, from medical school to continuing medical education. We also need to mitigate the stigma surrounding depressive illness by eliminating the discrimination by regulatory, credentialing and insurance entities against physicians who have sought treatment. This could be accomplished if such entities carefully limited their questions regarding a physician's depression or substance use to those that specifically relate to the current ability to practice. Procedures should allow physicians and medical students to answer "no" to questions that ask if they have sought treatment when they are actively participating in or have successfully completed a PHP monitoring contract or program. Sending a confirmation letter from that state program along with the application would both confer physician confidentiality and protect the public by ensuring successful physician participation in a PHP.

Our group hopes to help prevent the tragedy of physician suicide and to increase the access to care and confidentiality for physicians to the level available to all other patients. In doing this we may well prevent the tragedy of physician death by suicide and the experience I had while a resident.

Board Elects Officers and Appoints Committees

At its September 2005 meeting, the Nevada State Board of Medical Examiners elected Javaid Anwar, M.D., a Las Vegas practicing Internist, as Board President, and Sohail U. Anjum, M.D., a Las Vegas practicing Cardiologist, as Board Vice President. Donald H. Baepler, Ph.D., D.Sc., a public member of the Board, remains Board Secretary-Treasurer.

Also at its September meeting, the Board bade farewell to Stephen K. Montoya, M.D., and thanked him for his devoted and outstanding leadership, dedication and service to the medical profession in Nevada, and to the Board of Medical Examiners.

Following are the current Board Committee appointments:

Investigative Committee A:

Donald H. Baepler, Ph.D., D.Sc., Chair
Charles N. Held, M.D.
Cindy Lamerson, M.D.

Investigative Committee B:

Sohail U. Anjum, M.D., Chair
Marlene J. Kirch
S. Daniel McBride, M.D.

License Application and Malpractice Review Committee:

Javaid Anwar, M.D., Chair
Jean Stoess, M.A.
Benjamin J. Rodriguez, M.D.

Internal Affairs Committee:

Sohail U. Anjum, M.D., Chair
Donald H. Baepler, Ph.D., D.Sc.
Jean Stoess, M.A.

Public Relations Committee:

Jean Stoess, M.A., Chair
Marlene J. Kirch
Drennan A. Clark, J.D.

Executive Committee:

Javaid Anwar, M.D., Chair
Sohail U. Anjum, M.D.
Donald H. Baepler, Ph.D., D.Sc.

Board Executive Director, Legal Counsel and Division Chiefs

Executive Director/Special Counsel
General Counsel
Deputy General Counsel
Deputy General Counsel
Chief of Administration
Chief of Investigations
Chief of Licensing

Drennan A. Clark, J.D.
Bonnie S. Brand, J.D.
Edward O. Cousineau, J.D.
Lyn E. Beggs, J.D.
Laurie L. Munson
Douglas C. Cooper
Lynnette L. Daniels

CALENDAR OF BOARD MEETINGS FOR 2006

Meetings held at the Board office in Reno, videoconferenced to the Las Vegas office of the Nevada State Board of Dental Examiners, unless noted otherwise.

March 17 and 18, 2006, Reno, Nevada

June 9 and 10, 2006, Reno, Nevada

September 15 and 16, 2006, Reno, Nevada

December 1 and 2, 2006, Las Vegas, Nevada, location TBA

Disciplinary Actions Taken by the Board of Medical Examiners

BERNARDINO, Rustica, M.D. (6881)

Las Vegas, NV

Charges: A complaint was filed against Dr. Bernardino alleging substandard medical care rendered to a fifty-year-old patient, and failing to use reasonable care, skill or knowledge ordinarily used under similar circumstances.

Disposition: On December 2, 2005, the Board approved the Stipulation for Settlement of its complaint against Dr. Bernardino, wherein Dr. Bernardino admitted to one count of malpractice, relating to the diagnosis, treatment and care of a patient, a violation of NRS 630.301(4), and was ordered to complete 12 hours of continuing medical education on the treatment of deep vein thrombosis (DVT), to include thrombotic prophylaxis, as well as the management of a patient with DVT, in addition to any other continuing medical education required as a condition of licensure, and to pay the administrative costs and fees incurred in the case against her within 60 days of the Board's order.

CHAIKIN, Lewis Barry, M.D. (9642)

Fort Myers, FL

Charges: A complaint was filed against Dr. Chaikin alleging a violation of NRS 630.301(4), by ordering, authorizing or approving the administration of a controlled substance without first performing physical examinations on the patients, a violation of NRS 630.306(3), by administering, dispensing or prescribing controlled substances to others except as authorized by law, and a violation of NRS 630.3062, by failing to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment, and care of the patients.

Disposition: On September 9, 2005, the Board found Dr. Chaikin guilty of the three counts of the complaint against him, and ordered that he receive a public reprimand, successfully complete 10 hours of continuing medical education in proper prescribing practices, in addition to any other continuing medical education required as a condition of licensure, within 6 months of the Board's order, and to pay the administrative costs incurred in the case against him within 90 days of the Board's order.

DOYLE, William Francis, C.R.T. (RC570)

Sewell, NJ

Charges: A complaint was filed against Mr. Doyle alleging he failed to practice respiratory care with reasonable skill and safety because of illness, a mental or physical condition, or the use of alcohol, drugs, narcotics or any other substance, a lack of competency

to provide respiratory care, and engaging in conduct which brings the respiratory care profession into disrepute.

Disposition: On September 9, 2005, the Board found Mr. Doyle guilty of the three counts of the complaint against him and revoked Mr. Doyle's license to practice respiratory care in Nevada. Mr. Doyle was also ordered to pay the administrative costs incurred in the case against him within 90 days of the Board's order.

DUNETZ, Wayne Adam, P.A.-C (PA637)

Las Vegas, NV

Charges: A complaint was filed against Mr. Dunetz alleging a violation of NRS 630.306(1), for being unable to practice medicine with reasonable skill and safety because of the use of drugs, narcotics or any other substance.

Disposition: On January 5, 2006, the Board found that the continued practice of medicine as a physician assistant by Mr. Dunetz during the pendency of time necessary for a hearing on the complaint would pose an imminent risk to the health, safety and welfare of the public, and summarily suspended Mr. Dunetz's physician assistant license in Nevada.

FIGLIO, Daniel, C.R.T. (RC0964)

Las Vegas, NV

Charges: A complaint was filed against Mr. Figlio alleging a violation of NAC 630.540(11), for being convicted of a felony, for an offense involving moral turpitude, and for an offense relating to the practice of respiratory care.

Disposition: On December 15, 2005, the Board found that the continued practice of respiratory care by Mr. Figlio during the pendency of time necessary for a hearing on the complaint would pose an imminent risk to the health, safety and welfare of the public, and summarily suspended Mr. Figlio's respiratory therapy license in Nevada.

GORING, Catherine, M.D. (5530)

Reno, NV

Charges: A complaint was filed against Dr. Goring alleging substandard medical care rendered to a fifty-three-year-old patient receiving lithium therapy.

Disposition: On December 2, 2005, the Board approved the Stipulation for Settlement of its complaint against Dr. Goring, wherein Dr. Goring admitted to one count of malpractice, relating to the diagnosis, treatment and care of a patient, a violation of NRS 630.301(4), and was ordered to complete 10 hours of continuing medical education on the use of psychotropic medications, in addition to any other continuing medical education required as a condition of licensure, and to pay the administrative costs and fees incurred in the case against her.

(Continued on page 9)

GREISS, Tarek R., M.D. (10188)

Reno, NV

Charges: A complaint was filed against Dr. Greiss alleging a violation of NRS 630.306(1) for being unable to practice medicine with reasonable skill and safety because of illness, a mental or physical condition, or the use of alcohol, drugs, narcotics or any other substance; a violation of NRS 630.306(10), for being habitually dependent on controlled substances and/or alcohol; and a violation of NRS 630.3065 for willfully failing to comply with the Board's condition of licensure, to-wit: that he participate in the diversion program.

Disposition: On December 2, 2005, the Nevada State Board of Medical Examiners found Tarek Greiss, M.D. guilty of the three counts of the complaint against him, and revoked Dr. Greiss' license to practice medicine in Nevada. Dr. Greiss was also ordered to pay the administrative costs incurred in the case against him within 90 days of the Board's order.

KAPLAN, Michael, M.D. (5983)

Henderson, NV

Charges: A complaint was filed against Dr. Kaplan alleging substandard medical care rendered to a sixty-one-year-old patient, and failing to provide reasonable care, skill or knowledge ordinarily used under similar circumstances.

Disposition: On December 2, 2005, the Board found Dr. Kaplan guilty of one count of malpractice for failing to use the reasonable care, skill or knowledge

ordinarily used under similar circumstances in providing care or treatment to a patient, a violation of NRS 630.301(4). The Board ordered that Dr. Kaplan receive a public reprimand and that he pay the administrative costs incurred in the case against him within 90 days of the Board's order.

STEELE, Doyle Stuart, M.D. (5040)

Las Vegas, NV

Charges: A complaint was filed against Dr. Steele alleging a violation of NRS 630.301(4), by committing malpractice in his prescribing of controlled substances to three patients; a violation of NRS 630.306(5), by practicing beyond the scope of his practice in his prescribing of controlling substances for one patient; a violation of NRS 630.3062(2), by failing to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of three patients; a violation of NRS 630.306(3) and NAC 630.187 by administering, dispensing and prescribing controlled substances to others except as authorized by law; and a violation of NRS 630.301(5), by engaging in a sexual relationship with a patient during the time he treated her as a patient.

Disposition: On June 30, 2005, the Board found that the continued practice of medicine by Dr. Steele during the pendency of time necessary for a hearing on the complaint would endanger the health, safety and welfare of his patients, and summarily suspended Dr. Steele's medical license in Nevada.

License Applications Denied by the Board

GENTILE, Dale, R.R.T.

Klamath Falls, OR

The Board denied Mr. Gentile's application for licensure as a respiratory therapist in the state of Nevada, pursuant to NRS 630.304(1), based upon his false, misleading and/or inaccurate statements in his application for licensure.

ILOUNO, George, P.A.-C

Los Angeles, CA

The Board denied Mr. Ilouno's application for licensure as a physician assistant in the state of Nevada, pursuant to NAC 630.310, based upon concerns that he is not qualified to practice medicine as a physician assistant because he has not practiced since receiving his degree in 1999, and evidence that he is not of good moral character or reputation.

PAGE, Gary, M.D.

Gilbert, AZ

The Board denied Dr. Page's application for medical licensure in the state of Nevada, pursuant to NRS 630.304(1,) and NRS 630.306(3), based upon his false, misleading and/or inaccurate statements on his application for licensure, and his past problems with prescribing of controlled substances.

TULAO, Jose, R.R.T.

Henderson, NV

The Board denied Mr. Tulao's application for licensure as a respiratory therapist in the state of Nevada, based upon his overall record and his responses to questions posed by the Board concerning his record.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

ELLIOTT SCHMERLER, M.D.

Dear Dr. Schmerler:

On June 3, 2005, pursuant to the Settlement Waiver and Consent Agreement entered into between you and the Investigative Committee of the Nevada State Board of Medical Examiners, the Nevada State Board of Medical Examiners entered an order finding you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically:

COUNT I: You began treating Patient A, a then sixty-three-year-old male, in May of 1999. You ordered a chemical profile for Patient A at that time. The results indicated that Patient A might be suffering from renal insufficiency. Your office notes indicate that you reviewed the laboratory results. Patient A was again seen by you in June of 1999. No comment was made by you about the laboratory results or Patient A's possible renal insufficiency. Patient A was last seen by you in August of 1999, and again you made no note in Patient A's medical records of any concern that Patient A might be suffering renal insufficiency. You did, however, recommend that Patient A undergo an exercise treadmill test and colonoscopy. In January of 2002, Patient A was hospitalized with a subsequent diagnosis of severe renal failure and severe metabolic acidosis.

Patient A began hemodialysis in the hospital and has continued to require dialysis ever since due to insufficient improvement in Patient A's renal failure.

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows:

That your care and treatment of Patient A, who is referenced in the original complaint filed by the Investigative Committee, constituted malpractice, as your conduct deviated from the applicable and appropriate standard of care that should have been applied under the same or similar circumstances. You are to be publicly reprimanded. And you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$1,592.03 within sixty (60) days of the date of the Board's decision.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Stephen K. Montoya, M.D., President

MICHAEL KAPLAN, M.D.

Dear Dr. Kaplan:

On December 2, 2005, the Nevada State Board of Medical Examiners, the Nevada State Board of Medical Examiners found you **guilty** of one (1) violation of the Medical Practice Act of the State of Nevada, more specifically:

COUNT I: On March 21, 2001, you performed corrective surgery on Patient A to repair a right ureteral obstruction. On April 2, 2001, a cystogram was performed on Patient A due to on-going pain. The cystogram revealed that a ureteral stent implanted by you was placed in the left ureter, not the right, with the left ureter crossing Patient A's midline and implanted in the right side of Patient A's bladder. On April 5, 2001, you performed surgery to correct the right ureteral obstruction and revise your previous operative work.

As a result of their finding of **guilty**, the Board entered its **ORDER** as follows: That your care and treatment of Patient A, who is referenced in the original complaint filed by the Investigative Committee, constituted malpractice, as your conduct deviated from the applicable and appropriate standard of care that should have been applied under the same or similar circumstances, as you performed surgery on Patient A's left ureter when the surgery should have been performed on Patient A's right ureter. You are to be publicly reprimanded. Further, you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter in the amount of \$7,002.88 within ninety (90) days of the date of the Board's decision.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

(Continued on page 11)

LEWIS BARRY CHAIKIN, M.D.

Dear Dr. Chaikin:

On September 9, 2005, the Nevada State Board of Medical Examiners entered its Findings of Fact, Conclusions of Law and Order in Case No. 04-18977-1, wherein the Board found your care and treatment of Patients A, B and C and your prescribing of controlled substances for Patients A, B and C constituted malpractice, a violation of NRS 630.301(4).

The Board ordered therein as follows:

1. That you be issued a public reprimand;
2. That you pay all costs incurred by the Board in these proceedings in the sum of \$4,490.21 within ninety (90) days of the date of the Board's decision;
3. That you complete ten (10) units of continuing medical education, in addition to those required by statute, on the subject of proper prescribing within six (6) months of the effective date of this Order.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Javaid Anwar, M.D., President

ATTENTION

All licensees are required by statute, NRS 630.254, to report to the Nevada State Board of Medical Examiners any change in the location of his or her office, before practicing in the new location. Licensees are also required to notify the Board of closure of his or her office, and keep the Board apprised of the location of the medical records of his or her patients for a period of 5 years thereafter. If you have closed your office and have failed to notify the Board within 14 days, or relocated your office within the last year and have failed to notify the Board, you are subject to discipline.

It is the licensee's obligation to insure that the Board has his/her current office address and telephone number. If there is any question in your mind as to whether the Board has your current practice address, please call the Board to check, and to update if necessary.

NOTIFICATION OF ADDRESS CHANGE

NRS 630.254 provides that:

1. Any licensee who changes the location of his office in this state shall notify the Board of the change before practicing at the new location.
2. Any licensee who closes his office in this State shall:
 - (a) Notify the Board of this occurrence within 14 days after the closure; and
 - (b) For a period of 5 years thereafter keep the Board apprised of the location of the medical records of his patients.

**Please mail this Notification of Address Change to: Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238**

Name: _____
(first) (m.i.) (last)

Nevada License #: _____

***NEW Mailing Address**

(street)

(city) (state) (zip)

County: _____

***Telephone No.:** _____ **Fax No.:** _____

PREVIOUS Mailing Address

(street)

(city) (state) (zip)

Signed: _____ **Dated:** _____

THIS FORM MUST BE SIGNED AND DATED BY THE LICENSEE.

***PLEASE NOTE:** The address and phone number you provide will be available to the public.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Suite 301, Reno, NV 89502

Mailing Address:

P.O. Box 7238

Reno, NV 89510-7238